MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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FILING DATE

APPLICANT(S)

CLAIMS

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TOTAL DEP.	18	<u>+</u>		+		+		DEP.	·	4		+		<u> </u>
TOTAL CLAIMS	20	- 144 A		整盘		u N		TOTAL CLAIMS						10.00